

| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |                           |        |                       |        |                        | Application Number<br><b>10/059734</b>            |               | Filing Date |               |        |
|--|---------------------------|--------|-----------------------|--------|------------------------|---|---------------|-------------|---------------|--------|
|  |                           |        |                       |        |                        | Applicant(s)                                      |               |             |               |        |
| <b>5-2-05</b>  |                           |        |                       |        |                        | * May be used for additional claims or amendments |               |             |               |        |
| CLAIMS   | AS FILED<br><b>9-9-03</b> |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |   | <b>9-9-03</b> |             | <b>5-2-05</b> |        |
|  | Indep                     | Depend | Indep                 | Depend | Indep                  | Depend  | Indep         | Depend      | Indep         | Depend |
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| Total Claims   |                           |        |                       |        |                        |   |               |             |               |        |
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| 72   |                           | /      |                       |        |                        |   |               |             |               |        |
| 73   |                           | /      |                       |        |                        |   |               |             |               |        |
| 74   |                           | /      |                       |        |                        |   |               |             |               |        |
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| 76   |                           | /      |                       |        |                        |   |               |             |               |        |
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| 83   |                           | /      |                       |        |                        |   |               |             |               |        |
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| 86   | /                         |        |                       |        |                        |   |               |             |               |        |
| 87   | /                         |        |                       |        |                        |   |               |             |               |        |
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| 89   | /                         |        |                       |        |                        |   |               |             |               |        |
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| 93   | /                         |        |                       |        |                        |   |               |             |               |        |
| 94   |                           | /      |                       |        |                        |   |               |             |               |        |
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| 98   | /                         |        |                       |        |                        |   |               |             |               |        |
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| 100  | /                         |        |                       |        |                        |   |               |             |               |        |
| Total Indep  |                           |        |                       |        |                        |   |               |             |               |        |
| Total Depend   |                           |        |                       |        |                        |   |               |             |               |        |
| Total Claims   |                           |        |                       |        |                        |   |               |             |               |        |

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| MULTIPLE DEPENDENT CLAIM<br>FEE CALCULATION SHEET<br>Substitute for Form PTO-1360<br>(For use with Form PTO/SB/06) |               |                           |        |  |        |                        | Application Number<br><b>10/659734</b>            |                | Filing Date |  |  |
|--|---------------|---------------------------|--------|--|--------|------------------------|---|----------------|-------------|--|--|
|  |               |                           |        |  |        |                        | Applicant(s)                                      |                |             |  |  |
| CLAIMS   |               |                           |        |  |        |                        | * May be used for additional claims or amendments |                |             |  |  |
|  |               | AS FILED<br><b>9-9-03</b> |        | AFTER FIRST AMENDMENT<br><b>5-2-05</b> |        | AFTER SECOND AMENDMENT |   |                |             |  |  |
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| Total  |               |                           |        |  |        |                        |   | Total          |             |  |  |
| Claims   |               |                           |        |  |        |                        |   | Claims         |             |  |  |

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